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SUBJECT: Byron J. Bailey, MD Editorial

The most recent issue of the Journal of the American Medical Association (4/11/86) carries an anti-tobacco editorial by Byron J. Bailey MD.

Dr. Bailey is the chief-editor of the AMA's Archives of Otolaryngol Head and Neck Surgery. While Bailey attacks all tobacco products, smokeless tobacco is the primary target of his editorial.

His editorial attempts to accomplish the following:

1. Popularize the term called "tobaccoism" which he developed
2. Label tobacco use as an addiction more serious than all other social problems
3. Launch a war on the causes of cancer which according to Bailey is caused by tobacco use
4. Equate tobacco use with the Holocaust and tobacco producers with Nazis

Bailey suggests a short-term strategy to counter attack tobacco use by:

1. Raising the cigarette tax to $2.70 per pack
2. Earmarking cigarette tax revenue for research and treatment of "tobaccoism"
3. Terminating the tobacco stabilization program
4. Implementing a national anti-smoking campaign
5. Increasing warning label requirements and placing complete bans on tobacco advertising
6. Restricting the sale of tobacco products to individuals over 18 years of age (Note: 41 states already have minimum age restrictions on tobacco sales, 28 states prohibit the sale of tobacco products to those under the age of 18).

This is not Bailey's first piece against tobacco. As chief-editor he has also written editorials on tobacco use, anti-tobacco education, smoking cessation, and tobacco taxation.

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Attachments

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BYRON J. BAILEY M.D.

BORN: 1934 Oklahoma City, OK

PROFESSION: Certified Otolaryngologist 1965

EXPERIENCE:

1968 - Present	Weiss Professor and Chairman, Department of Otolaryngology, University of Texas Medical Branch
1964 - 1968	Assistant Professor, Head and Neck Surgery, University of California, Los Angeles Medical Center
1961 - 1964	Resident, Head and Neck Surgery, University of California, Los Angeles Medical Center
1960 - 1961	Assistant Surgical Resident, University of California, Los Angeles Medical Center
1959 - 1960	Surgical Intern, University of California, Los Angeles Medical Center
1959	M.D., Oklahoma State

PROFESSIONAL ORGANIZATIONS:

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MEMBERSHIP:

Society of University Otolaryngology
American Laryngological, Rhinological and Otological Society
American Bronco - Esophagological Association
Pan American Society of Otorhinolaryngology
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COMMENTS:

Bailey's major anti-tobacco publications include:

"Tobaccoism is the Disease - Cancer is the Sequela", JAMA, April 11, 1986

"Tobacco: A Pillar of Washington, DC", Archives, March 1986

"Give a Priceless Gift This Year", Archives, December 1985

"Smokeless Tobacco: A Open Letter to the Surgeon General", Archives, November 1985

"We Must Stop Selling Cancer to our Children", Archives, October 1985

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editorials

Tobaccoism Is the Disease—Cancer Is the Sequela

A lesion that follows or is caused by a disease is a *sequela* according to Dorland's dictionary.[1] We, the physicians of this country, are guilty of losing sight of the distinction between disease and sequela when it comes to the pandemic of the disease of *tobaccoism* and its sequelae of cancer, emphysema, and cardiovascular disease. For the past two decades, the focus on cancer and the neglect of research on tobaccoism have contributed to the inappropriate allocation of national resources.

The purpose of this editorial is to express three strongly held opinions in regard to tobaccoism:

1. We frequently focus on the wrong target in health care politics. We and our government tend to grab hold of the wrong end of the bat and flail away, wondering all the while why we are having so much trouble getting a solid hit.

2. As a society, we have not awakened to the seriousness of the tobacco health hazard. We must realize that tobaccoism is the most deadly drug addiction in the United States today and that it is exacting a heavier toll in lives and dollars than cocaine, heroin, the acquired immunodeficiency syndrome, traffic accidents, murder, and terrorist attacks *combined*.

3. We have not yet mounted a national effort to combat tobaccoism that is appropriate to the size of the problem.

On the first point, let us consider the national attention that has been focused on cancer research and cancer treatment. Roughly $1 billion a year has been invested by the federal government since President Richard Nixon launched the *war on cancer*. This has been an expenditure that is readily justifiable, and no criticism of this investment is expressed or implied here.

What is missing is a parallel *war on the causes of cancer*. If we had begun to reduce the incidence and the prevalence of tobaccoism during the 1960s, we would probably be noticing some early signs of cancer rate reduction by now. If we begin today to reduce the number of cases of chronic tobaccoism, we should have some evidence of lower cancer rates 20 years from now.

We realize that there are many dedicated and effective professionals working in cancer prevention today, and we have great admiration for their efforts and achievements. The problem is simply that the effort is undermanned and underfunded. The approach that is being taken today is equivalent to dealing with the Nazis in the early 1940s by creating a Federal Bureau for the Restoration of Freedom in Europe. The mechanism is inadequate and avoids recognizing that we are under attack, many are dying, and the time has come for a declaration of all-out war.

During World War II, it is estimated that 6 million innocent people lost their lives in a tragedy that has come to be known as "The Holocaust." It is currently estimated that the citizens of this country are losing their lives to tobaccoism at the rate of 1,000 per day. At this rate, we will lose 6 million of our brothers and sisters during the next 16 years and four months.

Are we ready to erect monuments and construct museums to commemorate the victims of the tobaccoism holocaust? Or shall we be persuaded that these unfortunate individuals were just weak willed, or that they enjoyed their tobacco so much that even though they understood the dangers of tobaccoism, they were simply exercising their personal freedom to smoke themselves to death?

Perhaps we can address the issues more directly by focusing on specific strategic attacks that must be launched. During 1986, we should seek the following victories in the war on tobaccoism:

1. A *significant* increase in the federal and state taxation of all tobacco products. The goal is to eventually derive tax income from tobacco sales that equals the cost to society of tobacco use. If it is costing our society and our economy (all of us) more than $2.60 for each package of cigarettes, then those who wish to smoke should be required to pay their way.

2. A major portion of the tax revenue derived from tobacco sales should be earmarked for research that deals with the prevention and treatment of chronic tobaccoism and its sequelae. The nature of the addiction and successful rehabilitation programs must be clarified.

3. A significant reduction in the federal subsidization of the growing of tobacco should be sought. It is no longer appropriate for a government to encourage the production of a product that is harmful to its citizens.

4. An effective national antismoking campaign must be launched by all appropriate agencies, particularly the Public Health Service. This program should target the same groups that have been carefully selected by the tobacco advertisers—women and young adults. The public must be made more aware of the time-dose relationship between the use of tobacco and the development of sequelae and of the addictive properties of tobacco. Myths, such as the "safer" nature of smokeless tobacco and filter cigarettes, must be countered by facts.

5. Warning labels must be placed on *all* tobacco products.

6. All tobacco advertising must be removed from the public media.

7. Celebrities and moviemakers should be discouraged from glamorizing tobacco use.

8. The sale of tobacco products should be restricted to those individuals who are over 18 years of age.

I believe that it is time for clear vision and courage. The lines are drawn. The bugle call is sounding.

BYRON J. BAILEY, MD
University of Texas Medical Branch
Galveston

1. *Dorland's Illustrated Medical Dictionary*, ed 26. Philadelphia, WB Saunders Co, 1981.

Small Maternity Services

Traditionally, both families and physicians have considered having or delivering a baby a local event and have expected a maternity unit to be available nearby. In rural states, a significant portion of births continue to take place in small maternity services, and nationwide there is little evidence of consolidation of maternity services or closure of hospital

Address editorial communications to the Editor, 535 N Dearborn St, Chicago, IL 60610.

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